

**CIVIL RIGHTS COMMISSION[161]**

**Adopted and Filed**

**Rule making related to assistance animal as reasonable accommodation in housing**

The Civil Rights Commission hereby amends Chapter 9, “Discrimination in Housing,” Iowa Administrative Code.

*Legal Authority for Rule Making*

This rule making is adopted under the authority provided in 2019 Iowa Acts, Senate File 341.

*State or Federal Law Implemented*

This rule making implements, in whole or in part, 2019 Iowa Acts, Senate File 341.

*Purpose and Summary*

The purpose of the amendment to Chapter 9 is to comply with Iowa Code section 216.8C(3) as enacted by 2019 Iowa Acts, Senate File 341, section 3, which provides requirements pertaining to a request for an assistance animal as a reasonable accommodation for a disability in housing. The legislation requires the Commission to adopt a form for a health care professional, as defined by the statute, to make a written finding regarding whether a patient or client has a disability and whether the need for an assistance animal is related to the disability.

*Public Comment and Changes to Rule Making*

Notice of Intended Action for this rule making was published in the Iowa Administrative Bulletin on July 17, 2019, as **ARC 4551C**. This rule making was also adopted and filed emergency and published in the Iowa Administrative Bulletin as **ARC 4552C** on the same date. A public hearing was held on September 13, 2019, at 12:30 p.m. at Grimes State Office Building, Room B100, 400 East 14th Street, Des Moines, Iowa. No one attended the public hearing.

At the Commission meeting on October 11, 2019, commissioners had comments regarding the bottom portion of the form: the organization of the requirements portion, the inclusion/exclusion of a title for the signatory, and the addition of cautionary language regarding the dissemination of protected health information. The feedback from commissioners is reflected in the revised version of the form adopted herein.

*Adoption of Rule Making*

This rule making was adopted by the Commission on February 7, 2020.

*Fiscal Impact*

This rule making has no fiscal impact to the State of Iowa.

*Jobs Impact*

After analysis and review of this rule making, no impact on jobs has been found.

*Waivers*

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Commission for a waiver of the discretionary provisions, if any, pursuant to 161—Chapter 15.

*Review by Administrative Rules Review Committee*

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its [regular monthly meeting](#) or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

*Effective Date*

This rule making will become effective on April 15, 2020.

The following rule-making action is adopted:

Adopt the following **new** Appendix A in 161—Chapter 9:

**Appendix A  
Form 1**

**Request for Assistance Animal as a Reasonable Accommodation in Housing:  
Health Care Professional Form**

Requester's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

I, \_\_\_\_\_, intend to request that \_\_\_\_\_ permit me to keep an assistance animal as a reasonable accommodation in housing for my disability. In connection with that application, I am requesting that you complete this form regarding my disability.

\_\_\_\_\_  
Requester's Signature Date

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**TO BE COMPLETED BY HEALTH CARE PROFESSIONAL**

1. Does the individual identified above have a disability?  
 Yes  No
2. If yes, is the need for an assistance animal related to that disability? For example, does or would an assistance animal alleviate one or more of the symptoms or effects of the disability?  
 Yes  No

By signing below, the undersigned health care professional/licensee certifies that he/she 1) has met with the patient or client in person or by telemedicine, 2) is sufficiently familiar with the patient or client and the disability, **and** 3) is legally and professionally qualified to make the finding.

Health Care Provider's Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

References: Iowa Code sections 216.8B and 216.8C  
Resources: <https://icrc.iowa.gov/>, 515-281-4121, 1-800-457-4416

This document may contain privileged and confidential information and/or protected health information intended solely for the use by the recipient housing provider. Please exercise care to avoid dissemination.

[Filed 2/12/20, effective 4/15/20]

[Published 3/11/20]

EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 3/11/20.